

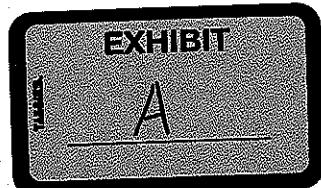
IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
EASTERN DIVISION

R.A. JR. (a minor child, by and through his)
Father and next friend, Richard Lemmel)
Arnold,)
)
Plaintiff,)
)
vs.) Case No.: CV-3:06-cv-337-WHA
)
DEPUTY SHERIFF WALTER LACEY,)
in his official and individual capacity,)
)
Defendant.)

INTERROGATORIES TO PLAINTIFFS

COMES NOW the Defendant and requests the Plaintiffs (separately and severally) to answer the following Interrogatories pursuant to Rule 33 of the Federal Rules of Civil Procedure:

1. State the name, address, telephone number, and occupation of each person whom you may call to render a medical opinion at trial.
2. For each person listed above, please state the following:
 - (a) The qualifications of the expert to testify in this action;
 - (b) The citation or publication data for each book, magazine, article, or other printed material written by the expert;
 - (c) The subject matter on which the expert is expected to testify;
 - (d) The substance of the facts and opinions about which the expert is expected to testify;
 - (e) A summary of the grounds of each opinion of the expert.



3. State the name, address, occupation, and telephone number of each person that has information as to any of your claims in this action.

4. Please state precisely and in detail each and every element of damages you claim to have sustained, and itemize the amount of each.

5. Please list the insurance companies and third parties who have paid any monies in connection with your claim of damages and injuries sustained.

6. Please list the amounts paid by each entity listed in response to Interrogatory 5 above.

7. Please list and itemize any and all hospital, physician, medical and medically related expenses, which the plaintiff claims as a result of the allegations in the Complaint.

8. As to any expenses or damages listed in Interrogatory No. 7, above, please provide the following:

(a) Itemize the amount and source of each collateral source payment, including, but not limited to, payments pursuant to insurance, Social Security, Medicare, and Medicaid which have been paid to or on behalf of the plaintiff as a result of medical or hospital treatments or other medically related damages.

(b) Itemize the amounts of any discounts, write offs, write downs, or deductions of any claimed medical, hospital, or other medically related expenses by virtue of payments by or reimbursement parameters of insurance, Medicare, Medicaid, or any other discounts, write-downs, write-offs, or deductions for any other reason.

(c) Itemize the amount of any co-payments, deductibles, or non-covered items which the plaintiff has actually paid or had not yet paid, but is still obligated to pay.

9. State each and every admission against interest concerning any matter at issue in this civil action that you claim has been made on behalf of the Defendant.

C. Winston Sheehan
C. WINSTON SHEEHAN, JR.
Attorney for the Defendant, Walter Lacey

OF COUNSEL:

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CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing document was served on the following counsel of record:

Hon. Arlene M. Richardson
Richardson Legal Center, LLC
Post Office Box 971
Hayneville, AL 36040-0971

by telefax and by placing same in the U.S. mail postage prepaid on this the 20th day of February, 2007.

C. Winston Sheehan
OF COUNSEL